

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049842

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12873

STATE FILE NUMBER

FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Lemay	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If outside, give location) 3719 Bobring	
3. NAME OF DECEASED (Type or print) First Anna Middle Frances Last Perrot		4. DATE OF DEATH Month December Day 25 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/6/1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) St. Louis Co., Mo.
13a. FATHER'S NAME Henry Goewert		13b. MOTHER'S MAIDEN NAME Mary Albers	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. D	
17. INFORMANT Viola Diel		Address 3719 Bobring, Lemay, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast - with metastasis - bilateral Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) 170x DUE TO (c) 170x		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic myeloiditis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 4:30 a.m. P.M. Month, Day, Year 7-12-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lemay, Missouri	
21. I attended the deceased from 7-12-63 to 12-25/63 and last saw her alive on 12/25/63 Death occurred at 4:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. Hoffmeister (Degree or title)		22b. ADDRESS 1504 So. Grand	
22c. DATE SIGNED 12/27/63		22d. LOCATION (City, town, or county) (State) Lemay, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Dec. 28, 1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries		25. DATE RECD. BY LOCAL REG. DEC 27 1963	
26. REGISTRAR'S SIGNATURE Road Smith M.D.		27. REGISTRAR'S SIGNATURE Road Smith M.D.	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eric C. Branson

Licensed Embalmer No. 4764

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting:

If this body is not embalmed, fact should be so stated above.

Dr. Gaertner
1504 So. Grand

1-3 P.M. Fri.